
(Fold on this line)

SENDER:

Name *(Last, first, MI)*

Internment Serial Number

Date and Place of Birth

Name of Camp

Country where posted

CIVILIAN INTERNEE LETTER

For use of this form, see AR 190-57; the proponent agency is ODCSPER

Language _____

To _____

Street _____

City _____

Country _____

Province or Department _____

(Fold on this line)

DO NOT WRITE HERE

(Fold on this line)

[illegible]